

RECEIVED  
CENTRAL FAX CENTER

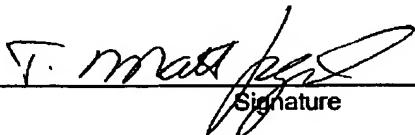
FEB 06 2006

PTO/SB/97 (08-01)

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on February 6, 2006  
Date



Signature

J. Matthew Zigmant

Typed or printed name of person signing Certificate

In re: application of: Yan Chong

Application Number: 10/037,861

Filed: 01/02/2002

Title: SELF-COMPENSATING DELAY CHAIN FOR MULTIPLE-DATE-RATE  
INTERFACES

Atty Docket Number: 015114-054810US JMZ/ssb

Being faxed to Examiner – Vincent T. Tran, Group 2115 at facsimile number  
**1-571 273-8300** are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page);
2. PTO/SB/21 Transmittal Form (1 page);
3. PTO/SB/17 Fee Transmittal (1 page submitted in duplicate);
4. PTO/SB/22 Petition for Extension of Time (1 page submitted in duplicate); and
5. Amendment (12 pages).

Number of pages being transmitted: 18

60696926 v1

RECEIVED  
CENTRAL FAX CENTER

FEB 06 2006

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

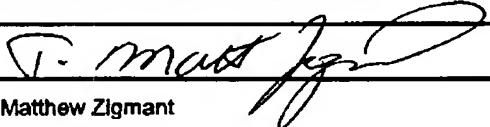
(to be used for all correspondence after initial filing)

		Application Number	10/037,861
		Filing Date	January 2, 2002
		First Named Inventor	Chong, Yan
		Art Unit	2115
		Examiner Name	Vincent T. Tran
Total Number of Pages in This Submission	18	Attorney Docket Number	015114-054810US

**ENCLOSURES (Check all that apply)**

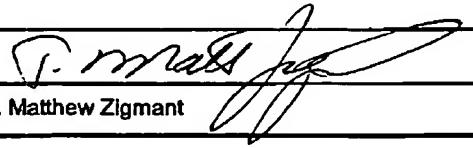
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  This Transmittal Form (1 page); and Fax Cover Sheet (1 page)
		<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	February 6, 2006	Reg. No.	44,005

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on February 6, 2006.

Signature			
Typed or printed name	J. Matthew Zigmant	Date	February 6, 2006

60696911 v1

FEB 06 2006

PTO/SB/17 (12-04)

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 700)

Complete If Known	
Application Number	10/037,861
Filing Date	January 2, 2002
First Named Inventor	Chong, Yan
Examiner Name	Vincent T. Tran
Art Unit	2115
Attorney Docket No.	015114-054810US

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  50  25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  200  100  
 Multiple dependent claims  360  180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
43	-20 or HP = 10	x \$50	= \$500			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	-3 or HP = 1	x \$200	= \$200

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  
 for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

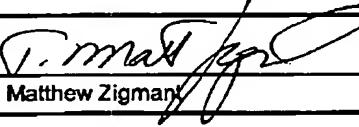
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other: \_\_\_\_\_

#### SUBMITTED BY

Signature		Registration No. 44,005	Telephone 415-576-0200
Name (Print/Type)	J. Matthew Zigman		Date February 6, 2006

60696918 v1

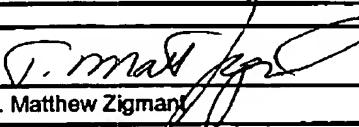
FEB 06 2006

PTO/SB/17 (12-04)

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete If Known</b>	
<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		<b>Application Number</b> 10/037,861	<b>Filing Date</b> January 2, 2002
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>First Named Inventor</b> Chong, Yan	<b>Examiner Name</b> Vincent T. Tran
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 700	<b>Art Unit</b> 2115	<b>Attorney Docket No.</b> 015114-054810US

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
<small>under 37 CFR 1.16 and 1.17</small>	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038</small>	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b> <small>Small Entity</small>		<b>SEARCH FEES</b> <small>Small Entity</small>		<b>EXAMINATION FEES</b> <small>Small Entity</small>		
	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>						<b>Small Entity</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
43	$-20 \text{ or } HP = 10$	$\times \$50$	$= \$500$	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
<small>HP = highest number of total claims paid for, if greater than 20</small>							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<small>Fee (\$)</small>			
6	$-3 \text{ or } HP = 1$	$\times \$200$	$= \$200$	<small>Fee Paid (\$)</small>			
<small>HP = highest number of independent claims paid for, if greater than 3</small>							
<b>3. APPLICATION SIZE FEE</b>						<b>Fees Paid (\$)</b>	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						_____	
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
$-100 =$	$/50 =$	<small>(round up to a whole number)</small>	$\times$	$=$			
<b>4. OTHER FEE(S)</b>						<b>Fees Paid (\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)						_____	
Other:						_____	

<b>SUBMITTED BY</b>	
<b>Signature</b>	
<b>Name (Print/Type)</b>	J. Matthew Zigman
<b>Registration No. (Attorney/Agent)</b>	44,005
<b>Telephone</b>	415-576-0200
<b>Date</b> February 6, 2006	

60696918 v1